Case 18-02945 Doc 1 Filed 02/01/18 Entered 02/01/18 14:29:06 Page 1 of 58 Document Fill in this information to identify your case: UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Northern District of Illinois FEB 0 1 2018 Case number (If known): Chapter you are filing under: ☐ Chapter 7 JEFFREY P. ALLSTEADT, CLERK ☐ Chapter 11 ☐ Chapter 12 INTAKE 3 Check if this is an 🚨 Chapter 13 amended filing Official Form 101 Voluntary Petition for Individuals Filing for Bankruptcy 12/17 The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number identify Yourself About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): 1. Your full name Write the name that is on your government-issued picture identification (for example, First name your driver's license or passport). Middle name Middle name Bring your picture identification to your meeting Last name with the trustee. Suffix (Sr., Jr., II, III) Suffix (Sr., Jr., II, III) 2. All other names you have used in the last 8 First name vears First name Include your married or Middle name Middle name maiden names. Last name Last name First name First name Middle name Middle name Last name Last name

(ITIN)

 Only the last 4 digits of your Social Security number or federal Individual Taxpayer

Identification number

9xx - xx -

OR

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Debtor 1

Case number (if known)

| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|---|---|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in | ☐ I have not used any business names or EINs. | ☐ I have not used any business names or EINs. |
| the last 8 years | Business name | Business name |
| Include trade names and doing business as names | Business name | Business name |
| | | |
| | EIN | EIN |
| | EIN | EIN |
| 6. Where you live | | If Debtor 2 lives at a different address: |
| | 11010 Sileinen Aug | . 영화 : 대한 : |
| | Number Street | Number Street |
| | - Chrosser It bolds | |
| | City Chicago FC 60628 | City State ZIP Code |
| | DISTA COOK COUNTY | State Zir Code |
| | County | County |
| | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | Number Street | Number Street |
| | P.O. Box | P.O. Box |
| | | |
| | City State ZIP Code | City State ZIP Code |
| Why you are choosing | Check one: | Check one: |
| this district to file for bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | I have another reason. Explain. (See 28 U.S.C. § 1408.) | I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | |
| | | |
| | | |

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Debtor 1

Case number (if known)

| 7. The chapter of the Bankruptcy Code you are choosing to file | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Chapter 7 | | | | | | | | |
|---|--|--|---|--|---|--|--|--|--|
| under | | | | | | | | | |
| | ☐ Chapter 11 | | | | | | | | |
| | ☐ Cł | hapter 1 | 2 | | | | | | |
| ntikikka camana gat agi ipolari ka azindir. Kalazi oleh kirik 17 km/gat ili arakidan kaji indika asintik indik | Ø Ct | napter 1 | 3 | | | • | | | |
| . How you will pay the fee | loc you sul | urself, y bmitting | ou may pay with | cash, cashier's | check or more | check with the clerk's office in your ally, if you are paying the fee by order. If your attorney is y pay with a credit card or check | | | |
| | I no | ∍ed to p plicatior | pay the fee in in a for Individuals t | stallments. If yo | ou choose this o | option, sign and attach the ents (Official Form 103A). | | | |
| | ☐ I re By less pay | quest to law, a just than 1: the fee | that my fee be woudge may, but is 50% of the official in installments). | raived (You may not required to, al poverty line the | y request this op waive your fee, at applies to you | otion only if you are filing for Chapter and may do so only if your income is ur family size and you are unable to nust fill out the Application to Have the with your petition. | | | |
| Have you filed for bankruptcy within the last 8 years? | No Yes. | District | | When | MM / DD / YYYY | Case number | | | |
| | | District | | When | | | | | |
| | | | | | MM / DD / YYYY | Case number | | | |
| | | District | | When | MM / DD / YYYY | Case number | | | |
| <u></u> | | | | | | - | | | |
| cases pending or being | No Yes | Debtor | | | | | | | |
| cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an | No Yes. | Debtor District | | When | MM/DD/YYYY | Relationship to you Case number, if known | | | |
| cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an | <u> </u> | | | | MM/DD/YYYY | | | | |
| cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an | Yes. | District _ | | | MM/DD/YYYY | | | | |
| cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an | Yes. | District _ | | When | MM/DD/YYYY | Case number, if known | | | |
| cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | Yes. | Debtor | e 12. | | MM / DD / YYYY | Case number, if known | | | |
| Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? Do you rent your esidence? | Yes. | District | | | MM / DD / YYYY | Case number, if known | | | |

Case 18-02945 Doc 1 Filed 02/01/18 Entered 02/01/18 14:29:06 Desc Main Page 4 of 58 Document Debtor 1 Case number (if known) Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor 🔎 No. Go to Part 4. of any full- or part-time Yes. Name and location of business business? A sole proprietorship is a business you operate as an Name of business, if any individual, and is not a separate legal entity such as a corporation, partnership, or Number Street LLC. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. City State ZIP Code Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your Chapter 11 of the **Bankruptcy Code and** most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. For a definition of small business debtor, see ☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in 11 U.S.C. § 101(51D). the Bankruptcy Code. ☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention Part 4: 14. Do you own or have any □ No property that poses or is ☐ Yes. What is the hazard? alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs If immediate attention is needed, why is it needed? immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? Where is the property? Number Street

City

ZIP Code

State

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Debtor 1

Document

Case number (if know)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15

| l a | m i | ıot | requ | ired | to | receiv | e a | briefing | about |
|-----|-----|------|------|------|----|--------|-----|----------|-------|
| Cr | edi | l co | unse | iina | be | cause | of | • | |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after ! reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after i made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| i am n | ot required | to receive a | briefing about |
|--------|-------------|--------------|----------------|
| credit | COuncelina | haceuse of | |

incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1

Case number (if known)

| Part 6: Answer These Q | uestions for Reporting Purpos | ses | | | |
|--|---|---|---|--|--|
| 16. What kind of debts do you have? | 16a. Are your debts primar as "incurred by an individu | rily consumer debts? Consumer de al primarily for a personal, family, or ho | ebts are defined in 11 U.S.C. § 101(8) usehold purpose." | | |
| | No. Go to line 16b. Yes. Go to line 17. | | | | |
| | 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | |
| | □ No. Go to line 16c. □ Yes. Go to line 17. | | | | |
| The state of the s | 16c. State the type of debts you | owe that are not consumer debts or bu | usiness debts. | | |
| 17. Are you filing under Chapter 7? | No. I am not filing under Cha | apter 7. Go to line 18. | | | |
| Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | Yes. I am filing under Chapte administrative expenses No Yes | er 7. Do you estimate that after any exe s are paid that funds will be available to | mpt property is excluded and distribute to unsecured creditors? | | |
| 18. How many creditors do you estimate that you owe? | 1-49 50-99 100-199 200-999 | 1,000-5,000 5,001-10,000 10,001-25,000 | 25,001-50,000 50,001-100,000 More than 100,000 | | |
| 19. How much do you estimate your assets to be worth? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | | |
| 20. How much do you estimate your liabilities to be? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | | |
| Part 7: Sign Below | I have examined this notition and | Idealan | | | |
| For you | If I have chosen to file under Chapt | I declare under penalty of perjury that t ter 7, I am aware that I may proceed, if nderstand the relief available under eac | Olicible and Ohanta Radio | | |
| | If no attorney represents me and I this document, I have obtained and | did not pay or agree to pay someone w I read the notice required by 11 U.S.C. | tho is not an attorney to help me fill out § 342(b). | | |
| | I request relief in accordance with t | the chapter of title 11, United States Co | de, specified in this petition. | | |
| | I understand making a false statem with a bankruptcy case can result in 18 U.S.C. §§ 152, 1341, 1519, and | I NICS OU IU SZOU HUD BI IMPRIEDAMAN | noney or property by fraud in connection tor up to 20 years, or both. | | |
| | Signature of Debtor 1 | mak x | | | |
| | Executed on Ol O 20 MM / DD / YYY | Signature of Executed of | | | |

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Debtor 1

| Dov | iald | Aznah |
|------------|-------------|-----------|
| First Name | Middle Name | Last Name |

Case number (# known)_____

| or your attorney, if you are epresented by one | I, the attorney for the debtor(s) named in this p to proceed under Chapter 7, 11, 12, or 13 of til available under each chapter for which the per the notice required by 11 U.S.C. 8.342(b) and | ie 11, United States Code, | and hav | e ex | plain | ed the reli | ef |
|--|---|----------------------------|---------------------------------------|------|-------|---------------------|-----|
| you are not represented y an attorney, you do not eed to file this page. | the notice required by 11 U.S.C. § 342(b) and, knowledge after an inquiry that the information | | | | | debtor(s have no | |
| | Signature of Attorney for Debtor | Date | | | | | |
| | Signature of Attorney for Deptor | | MM | 1 | DD | / YYYY | |
| · | · | | | | | | |
| | | | | | | | |
| | Printed name | | | | | | |
| | | | | | | | |
| | Firm name | | · · · · · · · · · · · · · · · · · · · | | | ···· | |
| | | | | | | | |
| | Number Street | | | | | | *** |
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| | City | State | ZIP Co | de | | | |
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| | Contact phone | E-mail a dd | | | | | |
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| | Bar number | State | - | | | | |

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Debtor 1

First Name Middle Name Clast Name

Case number (if known)_____

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

| Are you aware that filing for bankruptcy is a serious a consequences? | ction with long-term financial and legal |
|--|---|
| ∠ Yes | |
| Are you aware that bankruptcy fraud is a serious crim inaccurate or incomplete, you could be fined or impris | e and that if your bankruptcy forms are coned? |
| ☐ No ☐ Yes | |
| Did you pay or agree to pay someone who is not an a | ttorney to help you fill out your bankruptcy forms? |
| Yes. Name of Person | |
| Attach Bankruptcy Petition Preparer's Notice, De | claration, and Signature (Official Form 119). |
| | , |
| By signing here, I acknowledge that I understand the r have read and understood this notice, and I am aware attorney may cause me to lose my rights or property if | that filing a bankruptcy case without an |
| | t do not property flandle tile case. |
| · Donaed Hant | C |
| Signature of Debtor 1 | Signature of Debtor 2 |
| Date 57/07/2018 MM/DD/YYYY | Date MM / DD / YYYY |
| Contact phone | Contact phone |
| Cell phone | Celi phone |
| Email address | Email address |
| | · · · · · · · · · · · · · · · · · · · |

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

| In Re: Oov | ald Hrnah |) | |
|------------|-----------|---|----------|
| | |) | Case No. |
| Debtor (s |) |) | Chapter |
| | |) | |
| | |) | |

List of Creditors

| City of Chicago Depitment of Revenue, Bureau of Parking DIN Lasale | |
|--|--|
| Fllinois Department of Revenue | |
| The Illinois collway | |
| Navient Education | |
| | |

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| Fill in this i | nformation to ident | ify your case: | | | |
|--------------------------------|------------------------|--------------------------|-----------|---|-----------------------|
| Debtor 1 | Dong 19 | (Middle Name | Last Name | | |
| Debtor 2 (Spouse, if filing | | Middle Name | Last Name | | |
| United States | Bankruptcy Court for t | he: Northern District of | Illinois | , | ☐ Check if this is an |
| Case number | (If known) | | | | amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Part 1: Summarize Your Assets | · · · · · · · · · · · · · · · · · · · |
|--|---------------------------------------|
| 1. Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | Your assets Value of what you own \$ |
| Part 2: Summarize Your Liabilities | |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | Your liabilities Amount you owe \$ |
| Part 3: Summarize Your Income and Expenses | 011 0- |
| 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ 230 \$ 230 |
| Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | <u> </u> |

12/15

Case 18-02945 Filed 02/01/18 Entered 02/01/18 14:29:06 Document Debtor 1 **Answer These Questions for Administrative and Statistical Records** Part 4: 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. ☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official 230000 Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: Total claim From Part 4 on Schedule E/F, copy the following: 9a. Domestic support obligations (Copy line 6a.) 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) 9d. Student loans. (Copy line 6f.) 9e. Obligations arising out of a separation agreement or divorce that you did not report as

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

priority claims. (Copy line 6g.)

9g. Total. Add lines 9a through 9f.

Case 18-02945 Doc 1 Filed 02/01/18 Entered 02/01/18 14:29:06 Document Page 13 of 58 Fill in this information to identify your case and this filing: Debtor 1 Debtor 2 (Spouse, if filing) First Na United States Bankruptcy Court for the: Northern District of Illinois Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: ☐ Single-family home Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description Current value of the Condominium or cooperative Current value of the entire property? portion you own? Manufactured or mobile home ☐ Land ☐ Investment property Describe the nature of your ownership ☐ Timeshare interest (such as fee simple, tenancy by State ZIP Code City Other_ the entireties, or a life estate), if known. Who has an Interest in the property? Check one Debtor 1 only Debtor 2 only County Check if this is community property Debtor 1 and Debtor 2 only (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: If you own or have more than one, list here: What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Single-family home Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description Condominium or cooperative Current value of the Current value of the portion you own? entire property? Manufactured or mobile home Investment property Describe the nature of your ownership Timeshare interest (such as fee simple, tenancy by State ZIP Code City Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only County ☐ Check if this is community property Debtor 1 and Debtor 2 only (see Instructions)

At least one of the debtors and another

property identification number:

Other Information you wish to add about this Item, such as local

Entered 02/01/18 14:29:06 Desc Main Filed 02/01/18 Page 14^coff 558^{ber (f/m} Debtor 1 What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Single-family home Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description Current value of the Current value of the ■ Condominium or cooperative entire property? portion you own? Manufactured or mobile home Land investment property Describe the nature of your ownership ZiP Code ☐ Timeshare City State interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only ☐ Check if this is community property Debtor 1 and Debtor 2 only (see instructions) At least one of the debtors and another Other information you wish to add about this Item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. **Describe Your Vehicles** Part 2: Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles No ☐ Yes Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put Make: the amount of any secured claims on Schedule D: Debtor 1 only Creditors Who Have Claims Secured by Property. Model: Debtor 2 only Current value of the Current value of the Year: Debtor 1 and Debtor 2 only portion you own? entire property? Approximate mileage: At least one of the debtors and another Other information: Check if this is community property (see instructions) If you own or have more than one, describe here: Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put Make: the amount of any secured claims on Schedule D: Debtor 1 only Creditors Who Have Claims Secured by Property. Model: Debtor 2 only Current value of the Current value of the Year: Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions)

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Debtor 1

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| | * | Who has an interest in the property? Check one. | Do not deduct secured clai | ims or exemptions. Put |
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| 3.3. | Make: | | the amount of any secured Creditors Who Have Claim | i claims on Schedule D. |
| | Model: | Debtor 1 only Debtor 2 only | the state of the second control of the secon | |
| | Year: | Debtor 1 and Debtor 2 only | Current value of the | Current value of the portion you own? |
| | | At least one of the debtors and another | entire property? | portion you own: |
| | Approximate mileage: | At least one of the document | | • |
| | Other information: | ☐ Check if this is community property (see | \$ | \$ |
| ٠. | | instructions) | | |
| | | Who has an interest in the property? Check one. | Do not deduct secured cla | ims or exemptions. Put |
| 3.4. | Make: | Debtor 1 only | the amount of any secured Creditors Who Have Clain | ns Secured by Property. |
| | Model: | Debtor 2 only | للابط للتاب والمسولية بالماركون الارادة بسياء ليبياد | مستان كالطارات الحجوزة والأكتبية السار <u>وتنعث عاليا المحالية المستال التمان</u> |
| | Year: | Debtor 1 and Debtor 2 only | Current value of the entire property? | portion you own? |
| | Approximate mileage: | ☐ At least one of the debtors and another | Chare property. | , |
| | Other information: | | c | \$ |
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| | | instructions) | | • |
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| لسا | Yes | | | · |
| اسا | Yes | Who has an interest in the property? Check one. | Do not deduct secured cl | aims or exemptions. Put |
| 4.1 | Maha | Who has an interest in the property? Check one. | Do not deduct secured climate amount of any secure | ed claims on Schedule D: |
| • | Maha | Debtor 1 only | Do not deduct secured clithe amount of any secure Creditors Who Have Claim | ed claims on Schedule D: |
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| • | Make: | Debtor 1 only | the amount of any secure | ed claims on Schedule D: ims Secured by Property. |
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Page 16 Cost State Name

Last Name

La

| Part 3: Describe Your Personal and Household Items | |
|---|--|
| Do you own or have any legal or equitable interest in any of the following items? | Current value of the portion you own? |
| 물통을 사용통령에 돌면 한 물을 보게 되었다. 그는 건강님이 되었다면 생일이 되었다는 뿐 수다. | Do not deduct secured claims or exemptions. |
| 6. Household goods and furnishings | |
| Examples: Major appliances, furniture, linens, china, kitchenware | vicenistik is |
| □ No □ Yes. Describe | \$ |
| | |
| 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music | Age about ra |
| collections; electronic devices including cell phones, cameras, media piayers, games | A PROTECTION OF THE PROTECTION |
| No Pres. Describe | \$ |
| | - |
| 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; | Apple Control |
| stamp, coin, or baseball card collections; other collections, memorabilia, collectibles | Security of the Security of Se |
| No Yes. Describe |] \$ |
| | |
| 9. Equipment for sports and hobbles | , |
| Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments | |
| No Pescribe |] \$ |
| | |
| 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment | |
| No | 7 |
| Yes, Describe | \$ <u>·</u> |
| 11. Clothes | |
| Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories | , |
| No No | 7 s |
| Yes. Describe | |
| 12. Jewelry | |
| Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver | |
| | ٠ |
| Yes, Describe | |
| 13. Non-farm animals Examples: Dogs, cats, birds, horses | |
| No | ⊣ . |
| Yes. Describe | \$ |
| 14. Any other personal and household Items you did not already list, including any health aids you did not list | |
| ∕∆ No | 7 |
| Yes. Give specific information | \$ |
| 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here | \$ |
| 101 Part 3. Write that number nere | |

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Desc Main

Debtor 1

Describe Your Financial Assets Part 4: Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ No , 26,00 . Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No. Institution name: ☐ Yes..... 17.1. Checking account: 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account. 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts 🛛 No 🔾 Yes Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLO, partnership, and joint venture % of ownership: Name of entity: ☐ No 0% Yes. Give specific information about 0%

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First Name Middle Name Last Name Document Page 18 of 58

| | | rate bonds and other negotiable and non-negotiable instruments actude personal checks, cashiers' checks, promissory notes, and money orders. In the are those you cannot transfer to someone by signing or delivering them. | |
|--|---|--|---------------|
| Retirement or pension accounts Samples interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans | No | | |
| Retirement or pension accounts Examples: interests in IRA, ERISA Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No No Retirement or pension accounts IRA, ERISA Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No No No Retirement or pension plan: Institution name: S S Retirement secount: No No No No No No No No No N | Yes. Give specific | | \$ |
| Retirement or pension accounts Examples: interests in IRA, ERISA, Keegh, 401(k), 403(b), thrift savings accounts, or other pension or profile-sharing plans No Yes, List each account separately. Type of account: Institution name: 401(k) or similar plan: | | | V |
| No No No Institution name or individual: | | | \$ |
| No No No Institution name or individual: | · | | 7 |
| No No No Institution name or individual: | | | |
| No Yes. List each account separately. Type of account: | Retirement or pension | accounts A FRISA Kengh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans | |
| Yes. List each account separately. Type of account: Institution name: 401(k) or similar plant: | _/ | Ch Eldon's London's Landon's Landon's London's L | |
| account separately. Type of account: Institution name: 401(k) or similar plant: Pension plant: Retirement account: \$ \$ \$ \$ \$ \$ \$ \$ \$ | | , | |
| Pension plan: IRA: \$ \$ Retirement account: \$ Keogh: \$ Additional account \$ Ecurity deposits and prepayments with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications Annualities (A contract for a periodic payment of money to you, either for life or for a number of years) | | Type of account: Institution name: | |
| Pension plan: IRA: \$ Retirement account: \$ Keogh: \$ Additional account: \$ Additional accoun | | 401(k) or similar plan: | \$ |
| IRA: Retirement account: Keegh: Additional account: Sacurity deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples Agricements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: Prepaid rent: Telephone: Water: Rented fumiture: Other: SAnnurties (A contract for a periodic payment of money to you, either for life or for a number of years) | | · · · · · · · · · · · · · · · · · · · | \$ |
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| Additional account Additional account Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: Prepaid rent: Telephone: Water: Rented furniture: Cother: S Annurities (A contract for a periodic payment of money to you, either for life or for a number of years) | | Retirement account: | ¥ |
| Additional account: Additional account: Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: Telephone: Water: Rented furniture: Other: S Annurflies (A contract for a periodic payment of money to you, either for life or for a number of years) | | Keogh: | \$ |
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| Your share of all unused deposits you have made so that you may continue service or use iron a company Examples. Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No | | Additional account | |
| Yes Institution name or individual: Electric: | Your share of all unuse Examples: Agreements | deposits you have made so that you may continue service of use front a company | |
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| Gas: | ☐ Yes | Institution name or individual: | |
| Heating oil: Security deposit on rental unit: Prepaid rent: Telephone: Water: Rented furniture: Other: Annutties (A contract for a periodic payment of money to you, either for life or for a number of years) | | Electric: | \$ |
| Security deposit on rental unit: Prepaid rent: \$ \$ \$ \$ \$ \$ \$ \$ \$ | | Gas: | \$ |
| Security deposit on rental unit: Prepaid rent: \$ \$ \$ \$ \$ \$ \$ \$ \$ | | Heating oil: | \$ |
| Prepaid rent: Telephone: Water: Rented fumiture: Other: Annutties (A contract for a periodic payment of money to you, either for life or for a number of years) | | • | \$ |
| Telephone: Water: Rented furniture: Other: S Annutties (A contract for a periodic payment of money to you, either for life or for a number of years) | | | \$ |
| Water: Rented furniture: Other: S Annuaties (A contract for a periodic payment of money to you, either for life or for a number of years) No | | | \$ |
| Rented furniture: Other: S Annutties (A contract for a periodic payment of money to you, either for life or for a number of years) No | • | | \$ |
| Annufties (A contract for a periodic payment of money to you, either for life or for a number of years) 2 No | | | ¢ |
| Annutties (A contract for a periodic payment of money to you, either for life or for a number of years) No | | Rented furniture: | Ψ |
| ∕∆ No | | Other: | 3 |
| √∆ No | · // | | |
| No No | Annuities (A contract | or a periodic payment of money to you, either for life or for a number of years) | |
| | | | |
| \$ | | issuer name and description: | |
| \$ | <u></u> | NAME AND ADDRESS OF THE PARTY O | . \$ <u> </u> |
| | | | \$ |

| Debtor 1 Case 18-029 First Name Middle Name | 45 Doc 1 Filed 02/01/1 | .8 Entered 02/01/ Page 19 ক জ্ঞা | | Desc Main |
|---|---|--|--|---|
| 26 U.S.E. §§ 530(b)(1), 529A(b) | | | | |
| ☐ Yes | Institution name and description. Separate | ely file the records of any intere | ests.11 U.S.C. 9 521(c) | S |
| • | | | | \$ |
| | , | | | \$ |
| 25. Trusts, equitable or future into | erests in property (other than anything | listed in line 1), and rights o | r powers | |
| No | | | | 1 |
| Yes. Give specific information about them | | | | \$ |
| 26. Patents, copyrights, trademain Examples: Internet domain name No Yes. Give specific information about them | rks, trade secrets, and other intellectua nes, websites, proceeds from royalties and | al property d licensing agreements | | \$ |
| L | | | | ı |
| 27. Licenses, franchises, and oth Examples: Building permits, exc | er general intangibles clusive licenses, cooperative association l | holdings, liquor licenses, profe | ssional licenses | |
| No | | | | <u>:</u> |
| Yes. Give specific information about them | | | | \$ |
| Money or property owed to you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. Tax refunds owed to you | | | • | |
| No No | | | | |
| Yes. Give specific informati | on | | Federal: | <u> </u> |
| you already filed the re | eturns | • | | <u> </u> |
| and the tax years | | | Local: | <u> </u> |
| 29. Family support Examples: Past due or lump su No | ım alimony, spousal support, child suppor | t, maintenance, divorce settler | nent, property settleme | nt |
| ☐ Yes. Give specific informati | ion | | Alimony: | \$ |
| | | | Maintenance: | \$ |
| | • | ; | Support | \$ |
| | | · | Divorce settlement: Property settlement: | \$ |
| 30. Other amounts someone ow | es you | | , | |
| Evamplee Hongid wages disa | es you ibility insurance payments, disability bene lefits; unpaid loans you made to someone | fits, sick pay, vacation pay, wo else | orkers compensation, | |
| ∕∆ No | | | - | 7 |
| Yes. Give specific informat | l on | | | \$ |
| e-ald | | | | |

| Debtor 1 First Name Middle Name | Last Name | Page 20 and routing of (# | known) | |
|--|--|--|--|--|
| - Liter Marie Wildrig Leave | | , | • | |
| many control to the first term of the first terms o | المستويدة والمعالم والمستويدة والمستويدة والمستويدة والمستويدة والمستويدة والمستويدة والمستويدة والمستويدة وال والمستويدة والمستويدة والمستويدة والمستويدة والمستويدة والمستويدة والمستويدة والمستويدة والمستويدة والمستويدة | وهد مفسستان شبقية أبو الانتقاد شيونيونوسي والتنظيم المفتيليون ويستجهر للتنا مثيسوس الانتخبية | (and religion Fee State of the program completely of the Person Complete is related to | , yan qariba Ya kalifa di babay Yangaya ta sadanda ad di Waxaa baginiy ya yadaba ad wata bagini da ta garaya a |
| 31. Interests in insurance policies | | | dor'a incurance | |
| Examples: Health, disability, or life insura | ince; health savings account (H | ISA); credit, nomeowners, or rem | ter s instrance | |
| No. | • | • | | |
| Yes. Name the insurance company | Company name: | Beneficiary: | | Surrender or refund value: |
| of each policy and list its value. | ** | | | · • |
| | | | | Ψ |
| • | | | | \$ |
| · | | | * | . \$ |
| | a | ٠. | | |
| 32. Any interest in property that is due yo If you are the beneficiary of a living trust, | u from someone who has the | ru surance nolicy of are currently et | ntitled to receive | |
| property because someone has died. | expect proceeds from a file ins | dranes policy; or are surrering or | | |
| _ / | | | | · |
| No Division and side information | | | | |
| Yes. Give specific information | " | | | \$ |
| | <u>.</u> | | | - |
| 33. Claims against third parties, whether | or not you have filed a lawsui | it or made a demand for payme | ent . | |
| Examples: Accidents, employment dispu | ites, insurance claims, or rights | to sue | | |
| No | | | , | |
| Yes. Describe each claim | | | | s |
| | · | | | |
| 34. Other contingent and unliquidated cla | ims of every nature, includin | g counterclaims of the debtor a | and rights | |
| to set off claims | • | | | |
| No No | | | | ٦ |
| Yes. Describe each claim | | | | s |
| | <u></u> | | | |
| • | | • | | , |
| 35. Any financial assets you did not alrea | dv liet | - | - | |
| | ·, ···· | | <u></u> | 1 |
| △ No | | | | |
| ☐ Yes. Give specific information | • | | | |
| · . | | | | |
| 36. Add the dollar value of all of your ent | ries from Part 4, including an | y entries for pages you have a | ttached | |
| for Part 4. Write that number here | *************************************** | | ······································ | 3 |
| · | | | | ومخالف المستعد المتعادلين المستعدمات المتعادية والمستعدمات المتعادية والمستعدمات المتعادلات والمستعدمات |
| بميشيقية فالمداغلة مراوسين والمناف سناو ويسيس واويه والشفاس فوينية الاستانة فسنشيقه الداخ البادي مناسبطية فسائه بدائها المال الملا | n andre (Ministerne 20 april 2 | | | |
| | - Malatad Branariy Var | ı Own or Have an Intere | st In. List any I | real estate in Part 1. |
| Part 5: Describe Any Busines | s-Related Floperty Tot | Own or mare an invest | | |
| 37. Do you own or have any legal or equi | table interest in any business | s-related property? | | |
| | • | | | • |
| No. Go to Part 6: | | | | • |
| Yes. Go to line 38. | | | | Current value of the |
| | | | | portion you own? |
| | | • | | Do not deduct secured claims |
| | | | • | or exemptions. |
| 38. Accounts receivable or commissions | vou aiready earned | | • | |
| | , | | • | |
| No . | · | | | 7 |
| Yes. Describe | | | | \$ |
| | | | | _ |
| 39. Office equipment, furnishings, and s | upplies | marhines rure telanhones deske i | chairs, electronic device | S |
| Examples: Business-related computers, softw | vare, modems, printers, copiers, rax | , macimies, 149s, telephones, desks, 1 | | |
| <u> </u> | | | | ٦ |
| Yes. Describe | • | | | <u> </u> |
| | | | | |
| The second secon | Charles, And Street, Street, Company, Street, Company, Co | AND DESCRIPTION OF THE PROPERTY OF THE PROPERT | | |

Case 18-02945 Doc 1 Filed 02/01/18 Entered 02/01/18 14:29:06 Desc Main Donard Ann Document Page 20:06 1580er (18 hours)

| Debtor 1 | | DOAG | Doc 1 | Filed 02/ 5 Docum | /01/18 ent | Entered 02/03 Page 21:04:158: | 1/18 14:29:06 er (# known) | Desc Main |
|----------------------|---------------------------------|---|-------------------------------|--|---------------------|--|--|--|
| eye e remi | First Name | Middle Name | Last Name | | | | | |
| Janes de | | | online van ne | e in business, | and tools | of your trade | | |
| ~/ | y, tixtures, ec | գա <u>ւ</u> թւությու, ՏԱ | hhitea Ann rast | , ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | • | | |
| No Vas r | Describe | | | | | | | s |
| LE TUS.L | ,eautibe | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | - | |
| | 1. | | , | | | | | |
| 41. Inventory | | | | | | | | 7 |
| | Describe | | | | | | | \$ |
| | L | | | | | | | |
| 42. Interests | in partnershi | ips or joint ve | entures | | | | | |
| No. | | | , | | | | M _ | |
| ′ ப Yes. [| Déscribe | Name of entit | y: | | | | % of ownership: _% | · • |
| • | | | | | | | % | \$ |
| • | | | | | | | % | \$ |
| | | | | | | | | |
| | r lists, mailin | ng lists, or oth | ner compilatio | ns | | | | |
| | | include pers | onally identifi | able informati | ion (as defi | ned in 11 U.S.C. § 101(| 41A))? | |
| | ☑ No ☑ Yes. Desc | rihe [| | | | | | |
| | ies. Desc | J: IDG | | | | | | \$ |
| | | , <u>L</u> | | du liet | | | | |
| 44. Any busi No | ness-related | property you | ı did not alrea | uy nat | | | | |
| Yes. | Give specific | | | | | | | \$ |
| inforn | nation | | | | | | | \$ |
| | • | | | | | | ······································ | \$ |
| | | | | | | | | \$ |
| | | | | | | | | \$ |
| | | | | | | | | \$ |
| • | | | | Dort E Include | ng any ant | ries for names von hav | re attached | ¢. |
| 45. Add the for Part | dollar value : 5. Write that | of all of your number here | entries from f | -art o, includi | any ent | ries for pages you hav | → | a |
| | | فللوجود فللمسال كالشاف التسريد فريد جوارس ياكات التاسط المواجع إلى أنسا | | | | | | |
| | - | | | | | | | T |
| Part 6: | Describe A If you own o | Any Farm- ar or have an into | nd Commerc erest in farmla | ial Fishing-l and, list it in P | Related P art 1. | roperty You Own o | r Have an Interest | ln. |
| | | | auitable inte | pet in any fan | m- or come | nercial fishing-related | property? | |
| | own or have a So to Part 7. | any legal or e | Animanie iiitet | oot at any idit | oj voim | | · · · · · | |
| | Go to line 47. | • | | | | • | | |
| | | | • | , | | | | Current value of the portion you own? |
| | | | | | | • | | Do not deduct secured claims or exemptions |
| 47. Farm an | imale | | | | | | | or eventiania. |
| | | poultry, farm- | raised fish | | | | | |
| Ja No | · | - | | | | | | |
| Yes. | ***************** | | | | | | | |
| ž Ž | | | | | | | | \$ |
| * · · | | | | | | gang antag naggipat ya gasam yaniga dipiyagan danpira dap a penganggan, Perunda Mandifin da mada | and the second of the second s | Market Community of Market and American Strategic Strate |

| Debtor 1 | Case 18-02945 Doc Filed 02 | 2/01/18 Entered 02/01/18 14:29:06 ment Page 22 of 58 | Desc Main |
|--|--|--|--|
| | st Name Middle Name Last Name DOGGT | | |
| . Crops—eithe | er growing or harvested | | |
| No . | | | 75 |
| Yes. Give | e specific | | \$ |
| | hing equipment, implements, machinery, fixtures, | and tools of trade | |
| 9. Familiand its | ming equipment in property | | |
| ☐ Yes | | | s |
| • | | | • |
| | shing supplies, chemicals, and feed | | - |
| No Yes | | | |
| | | | \$ |
| st. Anv farm- a | nd commercial fishing-related property you did no | ot aiready list | |
| No No | | | 1 8 |
| Yes. Giv | re specific ion | |] \$ |
| | llar value of all of your entries from Part 6, includi | ng any entries for pages you have attached | \$ |
| for Part 6. V | Vrite that number here | 7 | |
| and the state of t | | entant and of a contraction of the contraction of t | |
| Part 7: De | escribe All Property You Own or Have a | an Interest in That You Did Not List Above | |
| | | | |
| 53. Do you hav | re other property of any kind you did not already l | igti , | |
| Examples: Se | eason tickets, country club membership | - | and the same of th |
| Examples: Se | eason tickets, country club membership | | <u>s</u> |
| Examples: Se No Yes. Gi | ve specific | | s s |
| Examples: Se No Yes. Gi | eason tickets, country club membership | | \$ |
| Examples: Se No Yes. Gi informa | ve specific tion | | \$ |
| Examples: Se No Yes. Gi informa | ve specific | | \$ |
| Examples: Se No Yes. Gi informa | ve specific tion | | \$ O S O S O S O S O S O S O S O S O S O |
| Examples: Se No No Yes. Gi informa | ve specific tion | hat number here→ | \$ 0 \$ 0 \$ 0 |
| Examples: Se No No Yes. Gi informa 54. Add the do | ve specific tion | hat number here | \$ 0 \$ 0 \$ 0 |
| Examples: Se No No Yes. Gi informa 54. Add the do Part 8: L 55. Part 1: Tot | ve specific tion | hat number here | \$ 0 \$ 0 \$ 0 |
| Examples: Se No No Yes. Gi informa 54. Add the do Part 8: L 55. Part 1: Tot | ve specific tion | hat number here | \$ 0 \$ 0 \$ 0 |
| Examples: Sell No No Yes. Ginforma 54. Add the do Part 8: L 55. Part 1: Tot 56. Part 2: Tot | ve specific tion | hat number here | \$ 0 \$ 0 \$ 0 |
| Examples: Sell No No Yes. Ginforma 54. Add the do Part 8: L 55. Part 1: Tot 56. Part 2: Tot 57. Part 3: Tot | ve specific tion | hat number here | \$ 0 \$ 0 \$ 0 |
| Examples: Sell No No Yes. Ginforma 54. Add the do Part 8: L 55. Part 1: Tot 56. Part 2: Tot 57. Part 3: Tot 58. Part 4: Tot | ve specific tion | hat number here | \$ 0 \$ 0 \$ 0 \$ 0 |
| Examples: Sell No No Yes. Ginforma 54. Add the do Part 8: L 55. Part 1: Tot 56. Part 2: Tot 57. Part 3: Tot 58. Part 4: Tot 59. Part 5: Tot | ve specific tion | hat number here | \$ 0 \$ 0 \$ 0 |
| Examples: Sell No No Yes. Ginforma 54. Add the do Part 8: L 55. Part 1: Tot 56. Part 2: Tot 57. Part 3: Tot 58. Part 4: Tot 59. Part 5: Tot | ve specific tion | hat number here | \$ 0 \$ 0 \$ 0 |
| Examples: Sell No No Yes. Ginforma 54. Add the do Part 8: L 55. Part 1: Tot 56. Part 2: Tot 57. Part 3: Tot 58. Part 4: Tot 59. Part 5: Tot 60. Part 6: Tot | ve specific tion | hat number here | \$ 0 \$ 0 \$ 0 |
| Examples: Sell No No Yes. Ginforma 54. Add the do Fart 8: L 55. Part 1: Tot 56. Part 2: Tot 57. Part 3: Tot 58. Part 4: Tot 59. Part 5: Tot 60. Part 6: Tot 61. Part 7: To | ve specific tion | hat number here | \$ 0 \$ 0 \$ 0 \$ 0 |
| Examples: Sell No No Yes. Ginforma 54. Add the do Fart 8: L 55. Part 1: Tot 56. Part 2: Tot 57. Part 3: Tot 58. Part 4: Tot 59. Part 5: Tot 60. Part 6: Tot 61. Part 7: To | ve specific tion | hat number here | \$ 0 \$ 0 \$ 0 \$ 0 |
| Examples: Sell No No Yes. Ginforma 54. Add the do 54. Add the do 55. Part 1: Tot 56. Part 2: Tot 57. Part 3: Tot 58. Part 4: Tot 60. Part 6: Tot 61. Part 7: To 62. Total pers | ve specific tion | hat number here \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | \$ 0 \$ 0 \$ 0 \$ 0 |

Case 18-02945 Doc 1 Filed 02/01/18 Entered 02/01/18 14:29:06 Desc Mai

| Fill in this information to identify your case: | | |
|---|------------|-------------------------------|
| Debtor 1 - Donald Hank | i_ast Name | ··· |
| Debtor 2 (Spouse, If filing) First Name Middle Name | Last Name | |
| United States Bankruptcy Court for the: Northern District of II | linois | |
| Case number(If known) | <u> </u> | Check if this i amended filin |

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| P | art 1: | Identify the Property You Claim | as Exempt | | |
|----|----------------|---|--|--|---|
| 1. | Z Yo | set of exemptions are you claiming? On are claiming state and federal nonbanking are claiming federal exemptions. 11 U.S. | ruptcy exemptions. 11 | | - · |
| 2. | For an | ny property you list on Schedule A/B th | at you claim as exemp | ot, fill in the information below. | |
| | Brief Sche | description of the property and line on edule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
| | • . | | Copy the value from Schedule A/B | Check only one box for each exemption. | |
| | | iption: | \$ | \$ \$ 100% of fair market value, up to | |
| | Line f | from dule A/B: | THE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLU | any applicable statutory limit | |
| | Brief descr | iption: | \$ | □ \$ 100% of fair market value, up to | |
| | Line f | from dule A/B: | | any applicable statutory limit | |
| | Brief descr | ription: | \$ | \$ \$ | |
| | Line f | from dule A/B: | | any applicable statutory limit | |
| 3. | Are y | ou claiming a homestead exemption of sect to adjustment on 4/01/19 and every 3 to 3 | more than \$160,375? | s filed on or after the date of adjustment.) | |
| | Z N | 0 | | | |
| | □ Ye | es. Did you acquire the property covered back No | by the exemption within | 1,215 days before you filed this case? | |
| | | l Yes | AND THE STREET, AND | may dan se compression under 1 de mais con l'élécher public publichem de les les papers dans les mais motors de l'as man | و در موجود میشود. در میشود در در میشود در این میشود از در میشود میشود. در میشود میشود میشود میشود میشود میشود |

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Debtor 1

| First Name | Middle Name |
|------------|-------------|
| | |

| 200 | 10 020 10 | - | 1 1104 02/02/2 | |
|------|-------------|-----------|----------------|--|
| | Dunaid | Has | na Diacument | |
| Name | Middle Name | Last Name | | |

| Brief description | of the property and line 3 that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|--|--|--------------------------------------|--|------------------------------------|
| | | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Brief lescription: | | \$ | \$ \$ 100% of fair market value, up to | |
| ine from Schedule A/B: | | • | any applicable statutory limit | |
| Brief Jescription: | | \$ | \$ 100% of fair market value, up to | |
| ine from Schedule A/B: | | | any applicable statutory limit | |
| Brief description: | | \$ | | |
| _ine from Schedule A/B: | | | 100% of fair market value, up to any applicable statutory limit | |
| 3rief | | | Q s | |
| description: Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | . \$ | s | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | _ 🗆 \$ | • |
| Line from Schedule A/B: | <u> </u> | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | and the second s | . \$ | s | |
| | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | . \$ | _ Q \$ | |
| Line from Schedule A/B: | an | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | . \$ | \$ | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | _ Q s | · |
| Line from . Schedule A/B: | | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | | • |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | | , |
| Line from | | | 100% of fair market value, up to any applicable statutory limit | - |

| Case 18-02945 D | oc 1 Filed 02/01/18 Entered 02 Document Page 25 of S | /01/18 14:29:(:0 | Desc Ma | ain |
|---|--|----------------------|--|---|
| | | 00 | | • |
| Fill in this information to identify your case: | | | | , |
| Debtor 1 First Name Middle Nam | e Last Name | • | | |
| Debtor 2 | Last Name | | | |
| (Spouse, If filing) First Name Mildole Name | | | | |
| United States Bankruptcy Court for the: Northern Di | istrict of filinois | | | Order to man |
| Case number | | | Check if amende | |
| (if known) | | | amonao | |
| | | | | |
| Official Form 106D | | . d by Dron | ortir | 12/15 |
| Schedule D: Creditors | Who Have Claims Secure | ea by Prop | erty | |
| additional pages, write your name and case | | | | any |
| 1 105.1 m m an or an | | | | |
| Part 1: List All Secured Claims | | Column A | Column B | Column C 🧢 |
| List all secured claims. If a creditor has m for each claim. If more than one creditor has As much as possible, list the claims in alph | ore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2. abetical order according to the creditor's name. | | Value of collateral that supports this claim | Unsecured portion |
| 2.1 | Describe the property that secures the claim: | \$ | \$ | \$ |
| Creditor's Name | | • | | |
| | | _] | | |
| Number Street | As of the date you file, the claim is: Check all that appl | <i>t</i> . | | |
| | Contingent | | • | |
| State ZIP Code | Unliquidated Disputed | | - - | |
| City | Nature of lien. Check all that apply. | | | |
| Who owes the debt? Check one. | An agreement you made (such as mortgage or secured) | | • | 4 |
| Debtor 1 only Debtor 2 only | carloan) | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit | | | |
| At least one of the debtors and another | Use Judgment lien from a lawsuit Other (including a right to offset) | | | |
| ☐ Check if this claim relates to a | | | | |
| community debt | Last 4 digits of account number | | | |
| Date debt was incurred | Describe the property that secures the claim: | \$ | \$ <u>.</u> | \$ |
| Creditor's Name | | | | • |
| | | | | |
| Number Street | As of the date you file, the claim is: Check all that ap | ly. | | |
| | Contingent | | | |
| | Unliquidated | | | |
| City State ZIP Code | Disputed | | | |
| Who owes the debt? Check one. | Nature of lien, Check all that apply. | 4 | | |
| Debtor 1 only | An agreement you made (such as mortgage or secure | Q | • | - |
| Debtor 2 only | car loan) Statutory lien (such as tax lien, mechanic's lien) | , | | |
| Debtor 1 and Debtor 2 only | Judgment lien from a lawsuit | | | |
| At least one of the debtors and another | Other (including a right to offset) | | | |
| Check if this claim relates to a community debt | | | | |
| Date dobt was incurred | Last 4 digits of account number | | | , , , , , , , , , , , , , , , , , , , |
| Add the dollar value of your entries in | n Column A on this page. Write that number here: | <u> </u> | | |
| | | • | | |

Doc 1 Filed 02/01/18 Entered 02/01/18 14:29:06 Desc Main Case 18-02945 Page 26 of 58 Case number (# known) Debtor 1 Column C Column B 🔊 Unsecured **Additional Page** Value of collateral Amount of claim After listing any entries on this page, number them beginning with 2.3, followed portion ... that supports this . Do not deduct the Part 1: claim by 2.4, and so forth. value of collateral. Describe the property that secures the claim: Creditor's Name Number As of the date you file, the claim is: Check all that apply. Contingent ☐ Unliquidated ZIP Code Disputed Nature of lien. Check all that apply. Who owes the debt? Check one. An agreement you made (such as mortgage or secured Debtor 1 only car loan) Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) Debtor 1 and Debtor 2 only Judgment lien from a lawsuit At least one of the debtors and another Other (including a right to offset) Check if this claim relates to a community debt Last 4 digits of account number Date debt was incurred _ Describe the property that secures the claim: Creditor's Name Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated State ZIP Code Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured Debtor 1 only Debtor 2 only car loan) ☐ Statutory lien (such as tax lien, mechanic's lien) Debtor 1 and Debtor 2 only Judgment lien from a lawsuit At least one of the debtors and another Other (including a right to offset) Check if this claim relates to a community debt Last 4 digits of account number Date debt was incurred Describe the property that secures the claim: Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. Contingent State ZIP Code Unliquidated Disputed Nature of lien. Check all that apply. Who owes the debt? Check one. An agreement you made (such as mortgage or secured Debtor 1 only Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) Debtor 1 and Debtor 2 only Judgment lien from a lawsuit

Other (including a right to offset)

Last 4 digits of account number _

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages.

At least one of the debtors and another

Write that number here:

☐ Check if this claim relates to a community debt

Date debt was incurred

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Case number (Finown)

| Duna | id f | 42 12 RDC | ument |
|------|------|-----------|-------|
| | | t Nieron | |

| | (12: Lis | | | | |
|--------|---------------|--|----------------------------------|---|--|
| age | ncy is trying | nly if you have others to be not to collect from you for a debt han one creditor for any of the ny debts in Part 1, do not fill o | you owe to son debts that you | neone eise, list the cred I listed in Part 1, list the | t that you already listed in Part 1. For example, if a collection ditor in Part 1, and then list the collection agency here. Similarly, if a additional creditors here. If you do not have additional persons to |
| \neg | • . • • | | | | On which line in Part 1 did you enter the creditor? |
| | Name | - | | | Last 4 digits of account number |
| | Hanic | , | | | · |
| | Number | Street | | - | |
| | | | | | |
| • | | | | _ | |
| | City | | State | ZIP Code | |
| | | | | | On which line in Part 1 did you enter the creditor? |
| | Name | · · · · · · · · · · · · · · · · · · · | | , | Last 4 digits of account number |
| | | | | | |
| | Number | Street | | | • |
| | | | | | |
| | | • | | | |
| | City . | | State | ZIP Code | |
| | | | | | On which line in Part 1 did you enter the creditor? |
| | Name | | | | Last 4 digits of account number |
| | | | | | |
| | Number | Street | | | |
| | | <u>, , , , , , , , , , , , , , , , , , , </u> | | | |
| | | - | | | |
| | City | | State | ZIP Code | TO THE RESIDENCE OF THE PROPERTY OF THE PROPER |
| .[| | · · | | | On which line in Part 1 did you enter the creditor? |
| | Name | | | | Last 4 digits of account number |
| | | | | | · |
| | Number | Street | | | |
| | | | | | |
| | | | Ctoto | 7ID Code | |
| | City | | State | ZIP Code | |
| | | | | | On which line in Part 1 did you enter the creditor? |
| | Name | | | - | Last 4 digits of account number |
| | M 1 | Chand | <u></u> | | |
| | Number | Street. | | | |
| • | | | | | |
| | City | | State | ZIP Code | |
| r | | | | | On which line in Part 1 did you enter the creditor? |
| | | | | | |
| | Name | ****** | • | | Last 4 digits of account number |
| | Number | Street | | | |
| | Number | , . | | | |
| | | | | | |
| | City | , - | State | ZIP Code | |

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|--|---|--|---|--|---|--|----------|
| Fill in this i | nformation to identify your | case: | | e 28 of 58 | | | |
| | Donald | | Hamah | | | | |
| Debtor 1 | First Name Mic | ddie Name | Last Name | | | | |
| Debtor 2 (Spause, if filing | r) First Name Mi | ddle Name | Last Name | | | ' | |
| | Bankruptcy Court for the: North | ern District of | Illinois | · | | ☐ Check if this is an | |
| United States | Bankrupicy Countries and Trees | | | | | amended filing | |
| Case number (if known) | | | | | | | |
| | | | | | | | |
| Official | Form 106E/F | | Uovo IIns | secured Claims | 5 | 12/15 | |
| Sched | ule E/F: Credi | tors w | 10 Have Ois | secured Claims | editors with No | ONPRIORITY claims. | |
| A/B: Proper creditors wineeded, cop any addition | er party to any executory of ty (Official Form 106A/B) and ith partially secured claims by the Part you need, fill it on the pages, write your name | nd on Schedul that are listed out, number th and case num | e G: Executory Contraction Schedule D: Creditor e entries in the boxes of the (if known). | RITY claims and Part 2 for cr d result in a claim. Also list its and Unexpired Leases (Off rs Who Have Claims Secured n the left. Attach the Continu | the flancation | f more snace is | |
| Part 1: | List All of Your PRIORIT | Y Unsecure | d Claims | | | | |
| 1 Do any | creditors have priority unse | cured claims | against you? | | | | |
| ☐ No. | Go to Part 2. | | | | | | |
| ☐ Yes. | | IÉ a ara | ditor has more than one I | priority unsecured claim, list the | creditor separa | ately for each claim. For | |
| each cla | of your priority unsecured of aim listed, identify what type of rity amounts. As much as pos- red claims, fill out the Continu- explanation of each type of c | sible, list the c | laims in alphabetical orde | r according to the creditor's had editor holds a particular claim, | claim here and ne. If you have list the other cro | more than two priority editors in Part 3. Priority Nonpriorit | У |
| <u></u> | - MARIS | | | ì | . (200,000 and an | . 7 2000 . Z-000 | , |
| 2.1 | atmentof | Reserve | Last 4 digits of account | t number | 7 | \$ 2,000 \$ 3,000 | _ |
| Priority | Creditor's Name | 0. 8 % | When was the debt inc | urred? | | • | |
| Numbe | NUTUPTCY Unit: 1 | Le Daz | | • | | | |
| | 1035 | 201 | | the claim is: Check all that apply. | | | |
| | pringfield Fl | ZIP Code | Contingent | | | | |
| City | incurred the debt? Check one. | | Unliquidated Disputed | | | | |
| | ebtor 1 only | | | d aloime | • | | |
| Q p | ebtor 2 only | | Type of PRIORITY un | | | | |
| Q D | ebtor 1 and Debtor 2 only | | Domestic support obl | igations | | | |
| | t least one of the debtors and ano | | Taxes and certain of | ner debts you owe the government ersonal injury while you were | | | |
| 1 | heck if this claim is for a com | Ittifithing dept | intoxicated | Stantier miles), service 3 - 11 - 11 - 11 | | | |
| Is the | e claim subject to offset? | | Other. Specify | <u> </u> | | • | |
| | | | | · | | a 3 | <u> </u> |
| 2.2 | City of Chice | , 1 ¹ 0 | Last 4 digits of accou | nt number | \$ 13000 | \$ B,000 \$ 13 out | |
| | y Creditor s Name | J | When was the debt in | curred? | | | |
| Numb | or Street | | | e, the claim is: Check all that appl | y. | | |
| D _r | putner of Re | une | Contingent | , | | | |
| | Micago FL | ZIP Code | Untiquidated | | | | |
| City | • | | Disputed | 3 | • | | |
| | o incurred the debt? Check one Debtor 1 only | s. | Type of PRIORITY U | nsecured claim: | | | |
| 1 | Debtor 2 only | | Domestic support o | bligations | | | |
| | Debtor 1 and Debtor 2 only | | Taxes and certain of | other debts you awe the governmen | ť. | | |
| | At least one of the debtors and ar | | Claims for death or | personal injury while you were | | | |
| | Check if this claim is for a co | mmunity debt | intoxicated | | | | |
| ls t | he claim subject to offset? | | Other. Specify | | | | |
| | Yes | | <u> </u> | · · · · · · · · · · · · · · · · · · · | | | |

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| Par | 55,000,000,000 | | | | HORES WAY FOR |
|------|---|--|---|--------------------|-----------------------|
| Afte | r listing any entries on this page, number them I | peginning with 2.3, followed by 2.4, and so forth. | Total claim | Priority amount | Nonpriority amount |
| | | | 19 | 6 | \$19 00 |
| Ш | Navient Education | Last 4 digits of account number | \$ 17000 | \$ h,000 | \$17.00 |
| | Po Bot 9533 | When was the debt incurred? | | | |
| | Number Street WILLES-BIVE, DA 18773 | As of the date you file, the claim is: Check all that apply. | | | |
| | · · · · · · · · · · · · · · · · · · · | Contingent | | | |
| | City State ZIP Code | Unliquidated Disputed | | | |
| | Who incurred the debt? Check one. | • • | | | |
| | Debtor 1 only | Type of PRIORITY unsecured claim: | | | .] |
| | Debtor 2 only | Domestic support obligations | | | į |
| | Debtor 1 and Debtor 2 only | Taxes and certain other debts you owe the government | | | |
| | At least one of the debtors and another | Claims for death or personal injury while you were | | | - |
| | ☐ Check if this claim is for a community debt | intoxicated Other. Specify | · | | Ì |
| | 1. the slate making the affect 9 | | | | |
| | Is the claim subject to offset? | | | | |
| | No D | | | | Į |
| | Yes | | | ····· | |
| | It I way Priority Creditor's Name | Last 4 digits of account number | s 3500 | \$ <u>3500</u> | \$ <u>3500</u> |
| | POB5541 | When was the debt incurred? | | | |
| | Number Street | As of the date you file, the claim is: Check all that apply | | | |
| Ì | a to below | Contingent | | | |
| | City State ZIP Code | Untiquidated | * | | į |
| | <i>y</i> , | Disputed | | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | Type of PRIORITY unsecured claim: | | • | |
| | Debtor 2 only | Domestic support obligations | | | |
| 1 | Debtor 1 and Debtor 2 only | Taxes and certain other debts you owe the government | | | į |
| | At least one of the debtors and another | Claims for death or personal injury while you were | | | |
| | Check if this claim is for a community debt | intoxicated Other, Specify | | | |
| | Is the claim subject to offset? | | | | |
| 1 | Z₫ No | | • | | · |
| | Q Yes | | , , , , , , , , , , , , , , , , , , , | | |
| | Priority Creditor's Name | Last 4 digits of account number | \$ | <u> </u> | . \$ |
| | Litarità Cladina 's Manna | When was the debt incurred? | | | |
| | Number Street | FFCC31 FFGG CITC GOOT INGGET, OUT. | | | |
| | | As of the date you file, the claim is: Check all that apply | | | |
| | | Contingent | | | |
| - | City State ZIP Code | Unliquidated | | | |
| | Who incurred the debt? Check one. | ☐ Disputed | | | |
| | <u> </u> | Type of PRIORITY unsecured claim: | | | |
| | Debtor 1 only | | • | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | Domestic support obligations | | | |
| - | At least one of the debtors and another | Taxes and certain other debts you owe the government | | | |
| | Check if this claim is for a community debt | Claims for death or personal injury while you were intoxicated | | <u></u> | <u> </u> |
| | | Other, Specify | - | | |
| | Is the claim subject to offset? | | | | |
| | □ No | • | | | |

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|------------------------|--------------------------------|---------------|
| First Name Middle Name | Last Name | Document |

| Par | List All of Your NONPRIORITY Unsecured Claims | |
|-------|---|--|
| 3. I | Do any creditors have nonpriority unsecured claims against you | ? |
| I | No. You have nothing to report in this part. Submit this form to the | e court with your other schedules. |
| Į | Yes | |
| 1 | List all of your nonpriority unsecured claims in the alphabetical on the instance of the creditor separately for each claim included in Part 1. If more than one creditor holds a particular claim, lealins fill out the Continuation Page of Part 2. | order of the creditor who holds each claim. If a creditor has more than one n. For each claim listed, identify what type of claim it is. Do not list claims already list the other creditors in Part 3.If you have more than three nonpriority unsecured |
| . (| claims fill out the Continuation Page of Part 2. | Total claim |
| | | Service Glainteen Service |
| l.1 | | Last 4 digits of account number \$ |
| | Nonpriority Creditor's Name | When was the debt incurred? |
| | | • |
| | Number Street | |
| , | City . State Z!P Code | As of the date you file, the claim is: Check all that apply. |
| ., | • | ☐ Contingent |
| • | Who incurred the debt? Check one. | Unliquidated |
| | Debtor 1 only | ☐ Disputed |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: |
| | Debtor 1 and Debtor 2 only | |
| | At least one of the debtors and another | Student loans Obligations arising out of a separation agreement or divorce |
| | ☐ Check if this claim is for a community debt | that you did not report as priority claims |
| | Is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts |
| | ☐ No | Other, Specify |
| | Yes | |
| 4.5 | | Last 4 digits of account number \$ |
| 4.2 | Nonpriority Creditor's Name | When was the debt incurred? |
| | . Months require | • |
| | Number Street | As of the date you file, the claim is: Check all that apply. |
| | City State ZIP Code | Contingent |
| | • | ☐ Unliquidated |
| - | Who incurred the debt? Check one. | ☐ Disputed |
| | Debtor 1 only Debtor 2 only | w choughtour |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: |
| | At least one of the debtors and another | Student loans |
| | ☐ Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |
| | | Debts to pension or profit-sharing plans, and other similar debts |
| | Is the claim subject to offset? | Other. Specify |
| | ☐ Yes | |
| 4. | | Last 4 digits of account number |
| 4.3 | Nonpriority Creditor's Name | * |
| | Isothiotth Openio a senio | When was the debt incurred? |
| | Number Street | out. |
| | | As of the date you file, the claim is: Check all that apply. |
| | City State ZIP Code | ☐ Contingent |
| | Who incurred the debt? Check one. | Unliquidated |
| | Debtor 1 only | ☐ Disputed |
| | Debtor 2 only | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: |
| | At least one of the debtors and another | Student loans |
| | Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |
| | Is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts |
| - | □ No | Other. Specify |

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| H | |
|---|--|

Your NONPRIORITY Unsecured Claims — Continuation Page

| fter I | listing any entries on this page, number them beginning with 4.4 | I, followed by 4.5, and so forth. |
|--------|---|---|
| , | | Last 4 digits of account number \$ |
| - N | ionpriority Creditor's Name | When was the debt incurred? |
| Ñ | lumber Street | As of the date you file, the claim is: Check all that apply. |
| . 2 | Sity State ZIP Code | ☐ Contingent☐ Unliquidated |
| ٧ | Who incurred the debt? Check one. | ☐ Disputed |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: |
| | Debtor 2 only Debtor 1 and Debtor 2 only | Student loans |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that |
| C | Check if this claim is for a community debt | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts |
| | s the claim subject to offset? | Other. Specify |
| | No . | |
| (| Yes | |
| | | Last 4 digits of account number \$ |
| Ī | Nonpriority Creditor's Name | When was the debt incurred? |
| 7 | Number Street | As of the date you file, the claim is: Check all that apply. |
| 7 | City State ZIP Code | Contingent |
| | lath a in any and the debt? Cheek and | ☐ Unliquidated ☐ Disputed |
| | Who incurred the debt? Check one. | □ Usputed |
| | ☐ Debtor 1 only ☐ Debtor 2 only | Type of NONPRIORITY unsecured claim: |
| 1 | Debtor 1 and Debtor 2 only | ☐ Student loans |
| [| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |
| [| Check if this claim is for a community debt | Debts to pension or profit-sharing plans, and other similar debts |
| ı | Is the claim subject to offset? | Other. Specify |
| 1 | □ No □ Yes | |
| | | Last 4 digits of account number |
| · .i | Nonpriority Creditor's Name | When was the debt incurred? |
| j | Number Street | As of the date you file, the claim is: Check all that apply. |
| | City State ZIP Code | ☐ Contingent |
| | City | ☐ Unliquidated |
| . ' | Who incurred the debt? Check one. | ☐ Disputed |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: |
| | Debtor 2 only | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and another | Student loansObligations arising out of a separation agreement or divorce that |
| | | you did not report as priority claims |
| | Check if this claim is for a community debt | Debts to pension or profit-sharing plans, and other similar debts Other. Specify |
| | Is the claim subject to offset? | Offier, Specify |
| | □ No | |

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Part 3:

List Others to Be Notified About a Debt That You Already Listed

| | | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
|---------------------------------------|--------|----------|----------|---|
| Varne | | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| | | | | |
| lumber | Street | | | ☐ Part 2: Creditors with Nonpriority Unsecured Claim |
| | | <u> </u> | - | Last 4 digits of account number |
| City | | State | ZIP Code | |
| | | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| lame | | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| lumber | Street | | | ☐ Part 2: Creditors with Nonpriority Unsecured |
| | | | | Claims |
| ··· | | State | ZIP Code | Last 4 digits of account number |
| ity | | . Sunt | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| lame | • | | | |
| | | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | | | Part 2: Creditors with Nonpriority Unsecured |
| | | | | Claims |
| O!4. | | State | ZIP Code | Last 4 digits of account number |
| City | | Quave | 21. JOGO | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Vame | | | | |
| | | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured |
| Vumber | Street | | | Claims |
| · · · · · · · · · · · · · · · · · · · | | | | Last 4 digits of account number |
| City | | State . | ZIP Code | Frank Andrea at Manager |
| | | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | | | Part 2: Creditors with Nonpriority Unsecured |
| THINDS | , | | | Claims |
| | | | | Last 4 digits of account number |
| City | | State | ZIP Code | |
| , | | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | , | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | | | Part 2: Creditors with Nonpriority Unsecured |
| | | | | Claims |
| | · | | | Last 4 digits of account number |
| City | | State | ZIP Code | |
| Nanca | | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | .* | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number | Street | | | Part 2: Creditors with Nonpriority Unsecured |
| | | | | Claims |
| | | • | · | Last 4 digits of account number |
| City | | State | ZIP Code | Last 4 digits of account number |

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Add the Amounts for Each Type of Unsecured Claim

| | | | Total claim |
|-----------|---|-----|-------------|
| | | | |
| al claims | 6a. Domestic support obligations | 6a. | \$ |
| n Part 1 | 6b. Taxes and certain other debts you owe the government | 6b. | , 2200 |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$ |
| - | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | + \$ |
| | 6e. Total. Add lines 6a through 6d. | 6e. | , 2200 |
| | | | Total claim |
| al claims | 6f. Student loans | 6f. | \$ 19 000 |
| m Part 2 | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | . \$ |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ |
| • | Other. Add all other nonpriority unsecured claims. Write that amount here. | 61. | + \$ |
| | c: Tatal Add lines of through 6i | 6i. | 19 200 |

Case 18-02945 Doc 1 Filed 02/01/18 Entered 02/01/18 14:29:06 Desc Main Document Page 34 of 58 Fill in this information to identify your case: Debtor Debtor 2 Last Nam (Spouse if filing) First Name United States Bankruptcy Court for the: Northern District of Illinois Check if this is an Case number (If known) amended filing Official Form 106G Schedule G: Executory Contracts and Unexpired Leases 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known). 1. Do you have any executory contracts or unexpired leases? No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B). 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases. State what the contract or lease is for Person or company with whom you have the contract or lease 2.1 Name Number Street ZIP Code City State Name Street Number State ZIP Code City 2.3 Name Street Number ZIP Code State City Name Number Street State ZIP Code City Name Number

ZIP Code

State

City

Page 35 of 58 case number Debtor 1 Additional Page if You Have More Contracts or Leases What the contract or lease is for Person or company with whom you have the contract or lease Name Number Street State ZIP Code City Name Number Street State ZIP Code City 2._ Name Number Street ZIP Code City State Name Number Street State ZIP Code City Name Number ZIP Code City State Name Number Street ZIP Code City Name Number Street State ZIP Code City Name Number Street ZIP Code State City

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Desc Main

Case 18-02945 Doc 1

Case 18-02945 Doc 1 Filed 02/01/18 Entered 02/01/18 14:29:06 Desc Main Document 36 of 58 Fill in this information to identify your case: Debtor 1 Debtor 2 Last Name (Spouse, if filing) First Name United States Bankruptcy Court for the: Northern District of Illinois Case number Check if this is an (If known) amended filing Official Form 106H 12/15 Schedule H: Your Codebtors Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible, if two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question. 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.) ☑ No Yes 2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? Fill in the name and current address of that person. ☐ Yes. In which community state or territory did you live? Name of your spouse, former spouse, or legal equivalent 3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2. Column 2: The creditor to whom you owe the debt Column 1: Your codebtor Check all schedules that apply: 3.1 ☐ Schedule D, line ___ Name ☐ Schedule E/F, line ____ Schedule G, line ____ Number Street ZIP Code City 3.2 ☐ Schedule D, line ___ Name Schedule E/F, line ____ Schedule G, line _____ Number Street ZIP Code 3.3 Schedule D, line ____ Name Schedule E/F, line ____ ☐ Schedule G, line ____ Number Street ZIP Code

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Debtor 1 **Additional Page to List More Codebtors** Column 2: The creditor to whom you owe the debt Column 1: Your codebtor. Check all schedules that apply: ☐ Schedule D, line ____ Name ☐ Schedule E/F, line ____ ☐ Schedule G, line ____ Number Street ZIP Code State City ☐ Schedule D, line ____ Name ☐ Schedule E/F, line ____ ☐ Schedule G, line _____ Number Street ZIP Code State City ☐ Schedule D, line _____ Name ☐ Schedule E/F, line ____ ☐ Schedule G, line _____ Number ZIP Code State City ☐ Schedule D, line ____ Name ☐ Schedule E/F, line ____ ☐ Schedule G, line _____ Number Street ZIP Code City ☐ Schedule D, line _____ Name Schedule E/F, line ____ ☐ Schedule G, line _____ Number Street ZIP Code City ☐ Schedule D, line _____ Name Schedule E/F, line Schedule G, line _____ Number Street State City ☐ Schedule D, line ___ ☐ Schedule E/F, line _____ ☐ Schedule G, line _____ Number Street ZIP Code State City ☐ Schedule D, line ____ Name ☐ Schedule E/F, line

☐ Schedule G, line _____

ZIP Code

City

Number

Case 18-02945 Doc 1 Filed 02/01/18 Entered 02/01/18 14:29:06 Desc Main Page 38 of 58 Document Fill in this information to identify your case: Acura Debtor 1 Last Name Debtor 2 Middle Name (Spouse, if filing) United States Bankruptcy Court for the: Northern District of Illinois Check if this is: (If known) An amended filing ☐ A supplement showing postpetition chapter 13 income as of the following date: MM / DD / YYYY Official Form 106l Schedule I: Your Income 12/15 Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Describe Employment Part 1: Fill in your employment Debtor 2 or non-filing spouse Debtor 1 information. If you have more than one job, attach a separate page with Employed Employed **Employment status** information about additional Not employed □ Not employed employers. Include part-time, seasonal, or self-employed work. Occupation Occupation may include student or homemaker, if it applies. Employer's name Employer's address State ZIP Code ZIP Code How long employed there? Part 2: **Give Details About Monthly Income** Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 2300 deductions). If not paid monthly, calculate what the monthly wage would be.

 \bigcirc

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

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Debtor 1

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Case number (# kmown)

| | - | For Debtor 1 | For Debtor 2 or non-filing spouse | |
|--|---------------------|---|-------------------------------------|---------------------------------------|
| Copy line 4 here | ≯ 4. | \$ | · \$ | |
| 5. List all payroll deductions: | | | | , |
| 5a. Tax, Medicare, and Social Security deductions | 5a. | s <u> </u> | \$ | |
| 5b. Mandatory contributions for retirement plans | 5b. | s 0 | \$ | |
| | 5c. | s 🔿 . | . \$ | 1 |
| 5c. Voluntary contributions for retirement plans | 5d. | s 0 | \$ | |
| 5d. Required repayments of retirement fund loans | 5e. | s 0 | \$ | |
| 5e. Insurance | 5f. | ু ত | \$ | - |
| 5f. Domestic support obligations | | s O | \$ | |
| 5g. Union dues | 5g. | 4. 0 | + ¢ | *** |
| 5h. Other deductions. Specify: | 5h. | T\$ | , a | 1 |
| 6. Add the payroli deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$ | . 6. | \$ | <u> </u> | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | s <u> </u> | \$ | |
| 8. List all other income regularly received: | | | | |
| 8a. Net income from rental property and from operating a business, profession, or farm | | | | |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | <u>s</u> | <u> </u> | e e e e e e e e e e e e e e e e e e e |
| 8b. Interest and dividends | 8b. | \$ | <u> </u> | |
| 8c. Family support payments that you, a non-filing spouse, or a depend regularly receive | ent | | | |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | <u> </u> | |
| 8d. Unemployment compensation | 8d. | \$ | | |
| 8e. Social Security | 8e. | \$ | | |
| 8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | ance | \$ | | |
| | 8g. | . s | \$ | |
| 8g. Pension or retirement income | | | | |
| 8h. Other monthly income. Specify: | 8h | . + \$ | +\$ | |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | | \$ | |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | . 10 | | + \$ | = \$ |
| 11. State all other regular contributions to the expenses that you list in Sch Include contributions from an unmarried partner, members of your household friends or relatives. | i, your | dependents, your re | · | · |
| Do not include any amounts already included in lines 2-10 or amounts that a | e not | available to pay exp | ienses listed in <i>Schedule J.</i> | + e |
| Specify: | | | 11. | • 3 |
| 12. Add the amount in the last column of line 10 to the amount in line 11. To Write that amount on the Summary of Your Assets and Liabilities and Certain | ne rest o Stati: | ult is the combined r stical Information, if | nonthly income. it applies 12. | \$ |
| 13. Do you expect an increase or decrease within the year after you file thi | s fom | 1? | | monthly income |
| No. | | | | |
| Yes. Explain: | | | | |

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| Fill in this information to identify \ | our case: | | | |
|--|--|--|---|---|
| Debtor 1 Donald | Hannish | Check if this | ie. | |
| First Name | Middle Name Last Name | | | |
| Debtor 2 (Spouse, if filing) First Name | Middle Name Last Name | ☐ A suppler | nent showing postp | etition chapter 13 |
| United States Bankruptcy Court for the: N | Northern District of Illinois | expenses | as of the following | date: |
| Case number(If known) | | MM / DD / | YYYY | |
| (ii salowi) | | | | |
| Official Form 106J | | | | |
| Schedule J: You | | | | 12/15 |
| Be as complete and accurate as po information. If more space is neede (if known). Answer every question. | ssible. If two married people are filined, attach another sheet to this form. | ng together, both are equally res . On the top of any additional pa | ponsible for supplyi ges, write your name | ng correct and case number |
| Part 1: Describe Your Hou | sehold | | | |
| 1. Is this a joint case? | | | | |
| No. Go to line 2. Yes. Does Debtor 2 live in a s | eparate household? | | | |
| ☐ No☐ Yes. Debtor 2 must file | e Official Form 106J-2, Expenses for S | eparate Household of Debtor 2. | | |
| 2. Do you have dependents? | ₽ No | Dependent's relationship to | Dependent's | Does dependent live |
| Do not list Debtor 1 and Debtor 2. | Yes. Fill out this information for each dependent | Debtor 1 or Debtor 2 | age | with you? |
| Do not state the dependents' | | | | ☐ Yes |
| names. | | | - | □ No |
| | | | | Yes No |
| | • | | | Yes |
| | | | | ☐ No |
| * | | | | ☐ Yes |
| • | • | | | No Quantum |
| | | | · | . 4 169 |
| 3. Do your expenses include expenses of people other than yourself and your dependents? | ☑ No □ Yes | | | |
| | ing Monthly Expenses | | , | • |
| Estimate your expenses as of VOIII | r bankruptcy filing date unless you ankruptcy is filed. If this is a supplem | are using this form as a supplemental Schedule J, check the box | ent in a Chapter 13 o at the top of the form | case to report n and fill in the |
| Include expenses paid for with no | n-cash government assistance if you d it on <i>Schedule I: Your Income</i> (Off | u know the value of icial Form 106L) | Your expe | nses |
| | expenses for your residence. Include | | 4. \$ 70 | |
| If not included in line 4: | • | | 6 | |
| 4a. Real estate taxes | | | 4a. \$ | - |
| 4b. Property, homeowner's, or | renter's insurance | | 4b. \$ <u> </u> | |
| 4c. Home maintenance, repair, | and upkeep expenses | | 4c. \$ | |
| 4d. Homeowner's association of | or condominium dues | and the second of the second o | 4d. \$ | |

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Document

Para Marie Middle Name Last Name

Debtor 1

Case number (# known)

| | | Your expenses |
|---|-----------------|--|
| | _ | \$ |
| dditional mortgage payments for your residence, such as home equity loans | . 5. | • |
| itilities: | 6a. | <u>\$ 175</u> |
| sa. Electricity, heat, natural gas | 6b. | s <u>O</u> |
| 6b. Water, sewer, garbage collection | . 6c. | s 140 |
| 6c. Telephone, cell phone, internet, satellite, and cable services | 6d. | \$ |
| 6d. Other. Specify: | | . 110 |
| Food and housekeeping supplies | 7. | • 0 |
| Childcare and children's education costs | 8. 9. | \$ 200 |
| Clothing, laundry, and dry cleaning | | s 100 |
| Personal care products and services | 10. | \$ 80 |
| Medical and dental expenses | - 11. | |
| Transportation. Include gas, maintenance, bus or train fare. | 12. | \$ 50 |
| Do not include car payments. | | e · · · · · · · · · · · · · · · · · · · |
| Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | • * |
| Charitable contributions and religious donations | 14. | - |
| | | |
| Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | 158 | a. s <u> </u> |
| 15a. Life insurance | 15 | ь. \$ |
| 15b. Health insurance | 15 | c. \$ |
| 15c. Vehicle insurance | 15 | d. \$ |
| 15d. Other insurance. Specify: | | , |
| Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16 | s. \$ |
| Installment or lease payments: | 45 | υ 72 s |
| 17a. Car payments for Vehicle 1 | | 7a. \$ |
| 17b. Car payments for Vehicle 2 | | 76. \$ - |
| 17c. Other. Specify: | . 17 | |
| 17d. Other. Specify: | 1 | 7d. \$ |
| Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | ท | 18. \$ |
| Other payments you make to support others who do not live with you. | | 19. \$ |
| Specify: | neama | _ |
| Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your II | ncome. 2 | 20a. \$ |
| 20a. Mortgages on other property | | 20b. \$ |
| 20b. Real estate taxes | , | 20c. \$ |
| 20c. Property, homeowner's, or renter's insurance | | 20d. \$ |
| 20d. Maintenance, repair, and upkeep expenses | | 20e. \$ |
| 20e. Homeowner's association or condominium dues | معارض والموسيين | Control of the contro |

Page 42 of 58 Document Other. Specify: 22. Caiculate your monthly expenses. 1200 22a. 22a. Add lines 4 through 21. D 22b. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 200 22c. 22c. Add line 22a and 22b. The result is your monthly expenses. 23. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. 23b. Copy your monthly expenses from line 22c above. 23b. 1100 23c. Subtract your monthly expenses from your monthly income. 23c The result is your monthly net income. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No. Yes. Explain here:

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Case 18-02945 Doc 1 Filed 02/01/18 Entered 02/01/18 14:29:06 Desc Main Page 43 of 58 Document Fill in this information to identify your case: Check if this is: Debtor 1 An amended filing Debtor 2 A supplement showing postpetition chapter 13 Last Nam (Spouse, if filling) First Name expenses as of the following date: United States Bankruptcy Court for the: Northern District of Illinois MM / DD / YYYY Case number Official Form 106J-2 Schedule J-2: Expenses for Separate Household of Debtor 2 12/15 Use this form for Debtor 2's separate household expenses ONLY IF Debtor 1 and Debtor 2 maintain separate households. If Debtor 1 and Debtor 2 have one or more dependents in common, list the dependents on both Schedule J and this form. Answer the questions on this form only with respect to expenses for Debtor 2 that are not reported on Schedule J. Be as complete and accurate as possible. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Describe Your Household Part 1: 1: Do you and Debtor 1 maintain separate households? No. Do not complete this form. Does dependent live Ø No Dependent's 2. Do you have dependents? Dependent's relationship to with you? Debtor 2: Yes. Fill out this information for Do not list Debtor 1 but list all each dependent..... other dependents of Debtor 2 ☐ No regardless of whether listed as a Yes dependent of Debtor 1 on ☐ No Schedule J. ☐ Yes Do not state the dependents' ☐ No names. Yes ☐ No Yes ☐ No ☐ Yes 3. Do your expenses include Νø expenses of people other than ☐ Yes yourself, your dependents, and Debtor 17 **Estimate Your Ongoing Monthly Expenses** Part 2: Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. include expenses paid for with non-cash government assistance if you know the value of Your expenses such assistance and have included it on Schedule I: Your Income (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: Real estate taxes 4b Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d Homeowner's association or condominium dues

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Debtor 1

Document Vn 1941

| | | ٠ | Your expenses |
|--------|--|---------------|---------------|
| | | | \$ |
| 5. Ad | ditional mortgage payments for your residence, such as home equity loans | 5. | T |
| • | | | |
| | Ilities: . Electricity, heat, natural gas | 6a. | \$ |
| 6a | and the second section | 6b. | \$ |
| 6b | The second state of the second cable services | 6c. | \$ |
| 6c | | 6d. | \$ <u>·</u> |
| 6d | | 7. | \$ |
| | ood and housekeeping supplies | 8. | \$ |
| | hildcare and children's education costs | 9, | \$ |
| | lothing, laundry, and dry cleaning | 10. | \$ |
| | ersonal care products and services | 11. | \$ |
| | edical and dental expenses | | · |
| 2. Ti | ransportation. Include gas, maintenance, bus or train fare. | 12. | \$ |
| | o not include car payments. | 13. | \$ |
| | ntertainment, clubs, recreation, newspapers, magazines, and books | 14. | \$ |
| (4, C | haritable contributions and religious donations | • | |
| 15. li | nsurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 1 | 5a. Life insurance | 15a. | \$ |
| 1 | 5b. Health insurance | 15b. | \$ |
| | 15c. Vehicle insurance | 15c. | \$ |
| | 15d. Other insurance. Specify: | 15 d . | \$ |
| | | | |
| 16. T | Faxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | \$ |
| | | | |
| 17. 4 | nstallment or lease payments: | 17a. | \$ |
| | 17a. Car payments for Vehicle 1 | | s |
| | 17b. Car payments for Vehicle 2 | 17b. | \$ |
| | 17c. Other. Specify: | 17c. | • |
| | 17d. Other. Specify: | 17d. | \$ |
| | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Incom</i> e (Official Form 106I). | 1 18. | \$ |
| 19. | Other payments you make to support others who do not live with you. | 19. | . \$ |
| | Specify: | | 4 |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your In | come. | |
| | 20a. Mortgages on other property | 20a | . \$ |
| | 20b. Real estate taxes | 20b | . \$ |
| | 20c. Property, homeowner's, or renter's insurance | 20c | , \$ <u>.</u> |
| | 20c. Property, nomeowners, or remains a modulation | 20d | . \$ |
| ru. | 20d. Maintenance, repair, and upkeep expenses | 20e | \$ |
| | TOP HOMEOWORLS ANNUARIOUS OF CONTROL AND A C | | |

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|-------------------------|---|-------------------|--|---|-----------------------------|------------------|---------------------------|----------|
| | First Name Middle Name | Last Name | | | | •• | | |
| , | | * * · · · | and the second s | and a compression of the workers of the will also the | participation of the second | sa walio makamba | egyer twist to a restrict | |
| Other. Sp | pecify: | | | | 21. | +\$ | | |
| | | | | | | | | |
| The result | nthly expenses. Add line t is the monthly expenses nses for Debtor 1 and De | of Debtor 2. Co | py the result to line 22 | 2b of Schedule J to calc | culate the 22. | \$ | | |
| | | | | | | • | | |
| ine not ur | sed on this form. | | | | • | | | |
| Chilo Hot de | | | . ` | | • | | | |
| • | | • | • | | | | | |
| | | | • | | | | , | |
| | • | | | | | | | |
| | | | | rear after you file this | form? | | | |
| , , | | reces in very ex | | | | | | |
| | pect an increase or dec | | | | | • | | |
| For examp | ole, do you expect to finisl | h paying for your | car loan within the yea | ar or do you expect you | ır | • | | |
| For examp | | h paying for your | car loan within the yea | ar or do you expect you | ır | • | | |
| For examp mortgage | ole, do you expect to finish payment to increase or do | h paying for your | car loan within the yea | ar or do you expect you | ır | | | |
| For examp | ole, do you expect to finisl | h paying for your | car loan within the yea | ar or do you expect you | ır | | | |
| For examp mortgage I | ole, do you expect to finish payment to increase or do | h paying for your | car loan within the yea | ar or do you expect you | ır | | | |
| For examp mortgage | ole, do you expect to finish payment to increase or do | h paying for your | car loan within the yea | ar or do you expect you | ır | | | |
| For examp | ole, do you expect to finish payment to increase or do | h paying for your | car loan within the yea | ar or do you expect you | ır | | | |

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| Fill in this information to identify your case: | |
|---|--------------------------------------|
| Débtor 1 Dong (4 Harns First Name Middle Name Last Name | |
| Debtor 2 (Spouse, if filing) First Name Middle Name Last Name | |
| United States Bankruptcy Court for the: Northern District of Illinois | |
| Case number(If known) | ☐ Check if this is an amended filing |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | |
|--|--|
| | to help you fill out honkryptov forms? |
| Did you pay or agree to pay someone who is NOT an att | torney to neip you fill out parkruptcy lotting? |
| D No · · · | |
| Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and |
| | Signature (Official Form 119). |
| | |
| | |
| | |
| Under penalty of perjury, I declare that I have read the s that they are true and correct. | summary and schedules filed with this declaration and |
| * Sonail H * | |
| Signature of Debtor 1 | Signature of Debtor 2 |
| Date 07 01 2018 | DateMM / DD / YYYY |

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| Fill in this in | formation to identify y | our case: | | | |
|---------------------------------|-----------------------------|--------------------------|-----------|---|-----------|
| . Debtor 1 | Donald First Name | Hanch Middle Name | Lest Name | | |
| Debtor 2 (Spouse, if filing) | | Middle Name | Last Name | | |
| United States I | Bankruptcy Court for the: N | Northern District of III | inois | | |
| Case number | | | | - | ☐ Check i |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| What | is your current marital s | status? | • | | | |
|---------------|--|--|--|---|------------------------------|-------------------------------------|
| D N | arried lot married 9 #5 | | | | | |
| Ø N | ng the last 3 years, have lo 'es. List all of the places y | | | | | |
| | Debtor 1: | | Dates Debtor 1 lived there | Debtor 2: | | Dates Debtor 2 lived there |
| | | | | Same as Debtor 1 | | Same as Debtor 1 |
| | Number Street | | From | Number Street | | From |
| | City | State ZIP Code | | City | State ZiP Code | |
| - | | | | Same as Debtor 1 | | Same as Debtor |
| · . | Number Street | | From | Number Street | | From |
| | City | State ZIP Code | · - | City | State ZIP Code | |
| With state | in the last 8 years, did y s and territories include A | ou ever live with a s rizona, California, Ida | pouse or legal equi ho, Louisiana, Neva | valent in a community pro da, New Mexico, Puerto Ric | operty state or territory? (| Community property I Wisconsin.) |
| | , | | | | | |

Part 2:

Explain the Sources of Your Income

Debtor 1 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. ☐ No Yes. Fill in the details. Gross income Sources of income Sources of income **Gross income** (before deductions and Check all that apply. (before deductions and Check all that apply. exclusions) exclusions) Wages, commissions, Wages, commissions, From January 1 of current year until bonuses, tips bonuses, tips the date you filed for bankruptcy: Operating a business Operating a business ■ Wages, commissions, Wages, commissions, For last calendar year: bonuses, tips bonuses, tips Operating a business Operating a business (January 1 to December 31, Wages, commissions, ☐ Wages, commissions, For the calendar year before that: bonuses, tips bonuses, tips Operating a business (January 1 to December 31, Operating a business 5. Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Gross income from Sources of income Gross income from Sources of income each source each source Describe below. Describe below. (before deductions and (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31, For the calendar year before that: (January 1 to December 31,

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| Del | otor | 1 |
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| • | Dog | na(d | Hannah |
|------------|-------------|-----------|--------|
| First Name | Middle Name | Last Name | · |

Case number (# known)_____

| 3. | LIST C | ertain Payments You Made | | | | | |
|--------|--------------------|---|--|---|--|--|--|
| | • | | • | | | | |
| e eith | er Debi | tor 1's or Debtor 2's debts prim | narily consu | mer debts? | • | ٠ | |
| No. | Neithe | er Debtor 1 nor Debtor 2 has pr | rimarily cons | sumer debt | s. Consumer debts are Isehold purpose." | | (8) as |
| | During | red by an individual printerity for a g the 90 days before you filed for | bankruptcy, | did you pay | any creditor a total of | \$6,425* or more? | • |
| | | o. Go to line 7. | | | | | |
| | ☐ Ye | es. List below each creditor to wh total amount you paid that cre | gillor. Do not | lude navmê | ents to an attorney for the | nis bankruptcy case. | · |
| | * Subj | child support and alimony. As ject to adjustment on 4/01/19 and | d every 3 yea | rs after that | for cases filed on or a | fter the date of adjustment. | |
|) Va | B . 64. | 4 Dobtor 2 or both have D | rimarily con | sumer debi | ts. | | |
| . 153 | o. Desir. Durin | g the 90 days before you filed for | bankruptcy, | did you pay | any creditor a total of | \$600 or more? | |
| | | lo. Go to line 7. | | | | | • |
| | □ Y | 'es. List below each creditor to who creditor. Do not include paymalimony. Also, do not include | hom you paid nents for dom payments to | l a total of \$ estic suppo an attorney | 600 or more and the to ort obligations, such as y for this bankruptcy ca | tal amount you paid that child support and se. | |
| | | . • | | Dates of payment | Total amount paid | Amount you still owe | Was this payment for |
| | | | , · | | | | _ Mortgage |
| | | | | | ę. | | |
| | | | | | Ψ | | |
| | | Creditor's Name | <u> </u> | | Ψ | | ☐ Car |
| | | Creditor's Name Number Street | | | • | | Car Credit card |
| | | | | | • | · | Car Credit card Loan repayment |
| | | | | | • | | ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendo |
| | | Number Street | ZIP Code | | | | Car Credit card Loan repayment |
| | . · | Number Street | ZIP Code | | | | Car Credit card Loan repayment Suppliers or vende |
| | | Number Street City State | ZIP Code | | \$ | \$\$ | Car Credit card Loan repayment Suppliers or vendo Other Mortgage |
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| | | Number Street City State Creditor's Name Number Street City State | | | \$\$ | \$ | Car Credit card Loan repayment Suppliers or vendo Other Car Credit card Loan repayment Suppliers or vend |

Page 50 of 58 Document Debtor 1 7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. ☐ No Yes. List all payments to an insider. Amount you still Reason for this payment Dates of **Total amount** payment paid Insider's Name Number Street State ZIP Code City Insider's Name Number Street State ZIP Code 8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited Include payments on debts guaranteed or cosigned by an insider. ☐ No Yes. List all payments that benefited an insider. Reason for this payment Dates of Total amount Amount you still paid payment Include creditor's name insider's Name Number Street ZIP Code City State insider's Name Number Street

ZIP Code

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Debtor 1

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| 10000 | d | TRACK. |
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Case number (if known)_

| List all | Identify Legal Actions, Reposs 1 year before you filed for bankrupt such matters, including personal injury intract disputes. | cy were you a party in any lawsuit | t, court action, or administres, collection suits, paternity | rative proceeding | g? r custody modificatior |
|--------------|---|--|--|-------------------|------------------------------|
| ☐ No ☐ Ye | s. Fill in the details. | Nature of the case | Court or agency | | Status of the case |
| c | ase title | The state of the s | Court Name | | Pending On appeal |
| c | ase number: | | Number Street City State | ZIP Code | Concluded |
| | ase title | | Court Name | | Pending On appeal |
| . · c | ase number | | Number Street City State | ZiP Code | Concluded |
| ☐ Ye | s. Fill in the information below. | Describe the property | | Date | Value of the property |
| - | Creditor's Name Number Street | Explain what happened Property was repos | sessed. | | |
| | City State ZIP C | Property was forecl Property was gamis | osed. | | |
| | | Describe the property | | Date | Value of the property |
| | | | | 1 . | Ψ |
| | Creditor's Name Number Street | Explain what happened | | | v |
| | | Property was repos Property was forect Property was garnis | losed. | | • |

Debtor 1 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. Date action Describe the action the creditor took was taken Creditor's Name Number Street Last 4 digits of account number: XXXX-_ State ZIP Code 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? ☐ No Yes **List Certain Gifts and Contributions** Part 5: 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ☐ No Yes. Fill in the details for each gift. Value Dates you gave Gifts with a total value of more than \$600 Describe the gifts the gifts per person Person to Whom You Gave the Gift Number Street ZIP Code Person's relationship to you Dates you gave Describe the gifts Gifts with a total value of more than \$600 the gifts per person Person to Whom You Gave the Gift Number State ZIP Code Person's relationship to you

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| Fret Name Middle Name Las | the name (#known)_ | |
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| Fast Name Middle Name | | |
| • | | |
| | the acceptance with a total val | lue of more than \$600 to any charity? |
| nin 2 years before you filed for bankru | uptcy, did you give any gifts or contributions with a total val | ··· |
| • | | |
| No Yes. Fill in the details for each gift or col | ntribution. | |
| res. Fill fit the details for each gat of col | | Date vou Value |
| Gifts or contributions to charities | Describe what you contributed | Date you Value contributed |
| that total more than \$600 | | |
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| | | <u> </u> |
| Charity's Name | <u> </u> | |
| Committy of Landing | | \$ |
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| Number Street | | |
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| City State ZIP Code | The state of the s | • |
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| List Certain Losses | | |
| No Yes. Fill in the details. | | M. I. a. f. mannachte |
| Yes, Fill in the details. | Describe any insurance coverage for the loss | Date of your Value of property loss lost |
| | Include the amount that insurance has paid. List pending insuran | loss lost |
| Yes. Fill in the details. | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insuranclaims on line 33 of Schedule A/B: Property. | loss lost |
| Yes. Fill in the details. | Include the amount that insurance has paid. List pending insuran | loss lost |
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| Yes. Fill in the details. | Include the amount that insurance has paid. List pending insuran | loss lost |
| Yes. Fill in the details. | Include the amount that insurance has paid. List pending insuran | loss lost |
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| Yes. Fill in the details. Describe the property you lost and how the loss occurred | Include the amount that insurance has paid. List pending insuranclaims on line 33 of Schedule A/B: Property. Pransfers | ce loss lost |
| Yes. Fill in the details. Describe the property you lost and how the loss occurred 7: List Certain Payments or Telegraphy 19 (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 | Include the amount that insurance has paid. List pending insurance laims on line 33 of Schedule A/B: Property. Transfers Truntey, did you or anyone else acting on your behalf pay or | ce loss lost |
| Yes. Fill in the details. Describe the property you lost and how the loss occurred 7: List Certain Payments or Tourney thin 1 year before you filed for banking the second seco | Include the amount that insurance has paid. List pending insurance laims on line 33 of Schedule A/B: Property. Transfers Truptcy, did you or anyone else acting on your behalf pay or | transfer any property to anyone |
| Yes. Fill in the details. Describe the property you lost and how the loss occurred 7. List Certain Payments or Tourney thin 1 year before you filed for banking the second seco | Include the amount that insurance has paid. List pending insurance laims on line 33 of Schedule A/B: Property. Transfers Truptcy, did you or anyone else acting on your behalf pay or | transfer any property to anyone |
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| Yes. Fill in the details. Describe the property you lost and how the loss occurred 7. List Certain Payments or To thin 1 year before you filed for banking to consulted about seeking bankrupt clude any attorneys, bankruptcy petition. | Include the amount that insurance has paid. List pending insurance daims on line 33 of Schedule A/B: Property. Fransfers Truptcy, did you or anyone else acting on your behalf pay or tcy or preparing a bankruptcy petition? In preparers, or credit counseling agencies for services required | transfer any property to anyone in your bankruptcy. Date payment or Amount of paymen |
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| Yes. Fill in the details. Describe the property you lost and how the loss occurred List Certain Payments or Tothin 1 year before you filed for banking to consulted about seeking bankrupt clude any attorneys, bankruptcy petition. | Include the amount that insurance has paid. List pending insurance daims on line 33 of Schedule A/B: Property. Fransfers Truptcy, did you or anyone else acting on your behalf pay or tcy or preparing a bankruptcy petition? In preparers, or credit counseling agencies for services required | transfer any property to anyone in your bankruptcy. Date payment or transfer was |
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| Person Who Was Paid Number Street Describe the property you lost and how the loss occurred 7: List Certain Payments or Treation 1 year before you filed for bankrupt consulted about seeking bankrupt clude any attorneys, bankruptcy petition 1 yes. Fill in the details. Person Who Was Paid Number Street | Include the amount that insurance has paid. List pending insurance daims on line 33 of Schedule A/B: Property. Fransfers Truptcy, did you or anyone else acting on your behalf pay or tcy or preparing a bankruptcy petition? In preparers, or credit counseling agencies for services required Description and value of any property transferred | transfer any property to anyone in your bankruptcy. Date payment or transfer was |
| Person Who Was Paid Number Street | Include the amount that insurance has paid. List pending insurance daims on line 33 of Schedule A/B: Property. Fransfers Truptcy, did you or anyone else acting on your behalf pay or tcy or preparing a bankruptcy petition? In preparers, or credit counseling agencies for services required Description and value of any property transferred | transfer any property to anyone in your bankruptcy. Date payment or transfer was |

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Page 54 of 58 Document Debtor 1 Date payment or Amount of Description and value of any property transferred transfer was made payment Person Who Was Paid Number Street Email or website address Person Who Made the Payment, if Not You 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. ☐ No Yes. Fill in the details. Description and value of any property transferred Date payment or Amount of payment transfer was made Person Who Was Paid ZIP Code 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. ☐ Yes. Fill in the details. Describe any property or payments received or debts paid in exchange Date transfer Description and value of property transferred Person Who Received Transfer Number Street ZIP Code Person's relationship to you Person Who Received Transfer Number Street ZIP Code

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Person's relationship to you

Debtor 1 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) 12 No Yes. Fill in the details. Date transfer Description and value of the property transferred was made Name of trust Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last balance before Date account was Type of account or Last 4 digits of account number closed, sold, moved, closing or transfer instrument or transferred Name of Financial Institution ☐ Checking Savings Number Street ☐ Money market ☐ Brokerage State ZIP Code Other City ☐ Checking Name of Financial Institution ☐ Savings Money market Number Street ☐ Brokerage Other_ ZIP Code State 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Z No Yes, Fill in the details. Do you still Describe the contents Who else had access to it? have it? ☐ No ☐ Yes Name of Financial Institution Name Number Street Number Street State ZIP Code City ZIP Code

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Debtor 1 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Describe the contents Who else has or had access to it? have it? ☐ No Yes Name Name of Storage Facility Number Street City State ZIP Code ZIP Code State Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. 🔲 No Yes. Fill in the details. Value Describe the property Where is the property? Owner's Name Number Street State ZIP Code ZIP Code **Give Details About Environmental Information** Part 10: For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Environmental law, if you know it Date of notice Governmental unit Governmental unit Name of site Number Street Number Street State ZIP Code State ZIP Code

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State

ZIP Code

From _____ To __

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| | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
|---|--|--|
| Business Name | | EIN: |
| Number Street | Name of accountant or bookkeeper | Dates business existed |
| | | From To |
| City State ZIP Code | • | From To |
| | | |
| stitutions, creditors, or other parties. No | ptcy, did you give a financial statement to anyone ab | oout your business? Include all financial |
| Yes. Fill in the details below. | Date issued | |
| | | · |
| Name . | MM / DD / YYYY | |
| Number Street | • | |
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| City State ZIP Code | · | |
| | | |
| 12: Sign Below | | |
| inswers are true and correct. I understar | nt of Financial Affairs and any attachments, and I de nd that making a false statement, concealing proper in result in fines up to \$250,000, or imprisonment for | ty, or obtaining money or property by fraud |
| ~ Dough B | n | |
| Signature of Debtor 1 | Signature of Debtor 2 | , · |
| Date 02012018 | Date | for Bankruptcy (Official Form 107)? |
| Date 02012018 | | for Bankruptcy (Official Form 107)? |
| Date 020(8) Did you attach additional pages to Your: | Date | for Bankruptcy (Official Form 107)? |
| Date Orol 20(8) Did you attach additional pages to Your ! No Yes | Date | |
| Date Or 20(8) Did you attach additional pages to Your: No Yes | Date Statement of Financial Affairs for Individuals Filing to the state of | |